	:	CLAIM	S AS FIL	ED - PART	1	·			10/0	8	499	46	
TOTAL CLAIMS				(Column 1)		(Column 2)		SMALL ENT		Vary Doministration		OTHER THA	
-								RATE				SMALL ENTI	
FOR				NUMBER FILED		NUMBER EXTRA		IC FEE		1	BASIC		
		GEABLE CLAI	MS	minus 20=		*		25	/		-		
	NOEPENDEN'	<u> </u>						X\$ 25=		OR	X\$5.0=		
MULTIPLE DEPENDENT CLAIM PRESENT							X100			OR	X200	=	
	If the differer	oce in column	1 is less the	an zero, enter	447.	<u> </u>	1 +4	50=		OR	+360=		
						olumn 2	TO	TAL		, 1	TOTAL		
		(Column	S AMENI	MENDED - PART II			٠. ٠	i i				R THAN	
		CLAIMS REMAININ		(Colum HIGHE	ST	(Column 3)	SMA	ALL EN	ITITY	OR	SMAL	L ENTIT	
	10/15/6	AFTER AMENDMEN	Í	NUMBI PREVIOL	JSLY	PRESENT EXTRA	RAT		ADDI- IONAL		***	ADD	
	Total	· 31	Minus	PAID FO	AC.	EXTRA			FEE		RATE	TION	
	Independent		Minus	<u>"31</u>		=	X\$ 2	5=	. 1	OR	X\$50=		
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		(Column 1		(Column	2) ((Column 3)	ADDIT, F	EE		P. At	TOTAL DDIT FEE	<u></u>	
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	Total	*	Minus	A-A	=		V0.05		EE .	-		FEE	
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		REMAINING AFTER		HIGHEST NUMBER	P	RESENT		ADD	01.				
		AMENDMENT		, PREVIOUSL' PAID FOR		XTRA.	RATE	TION	AL	R	ATE	ADDI TIONAL	
	otal	*	Minus	##	=		-	FEI		-		FEE	
	ndependent	* .	Minus	***	=		X\$ 25=		OR	XS	50=		
	IRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT CLA	IM.	TH.	X100=		OR	X2	200=		
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